

**MULTIPLE DEFENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO  
**447430**

FILING DATE  
**11/23/99**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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